

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1597

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 5596		Registrar's No. 7			
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VALLE MINES - Valle		c. LENGTH OF STAY (In this place) YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VALLE MINES 05.00					
d. FULL NAME OF HOSPITAL OR INSTITUTION VALLE MINES				d. STREET ADDRESS (If rural, give location) V					
3. NAME OF DECEASED (Type or Print) JERRY				c. (Last) NASH		4. DATE OF DEATH (Month) (Day) (Year) JAN. 31. 1951			
5. SEX M D W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY. 15. 1861			
9. AGE (In years last birthday) 89		10. MONTHS 8		11. DAYS 76		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. FRANCIS Co. Mo			
13a. FATHER'S NAME JERRY NASH				13b. MOTHER'S MAIDEN NAME JANE UNKNOWN		14. NAME OF HUSBAND OR WIFE LUCY NASH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ARTHUR NASH		ADDRESS BLISS. Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene - Leg. ANTECEDENT CAUSES Ch. Hypertens. Corditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 592X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1945, to 1-31, 1951, that I last saw the deceased alive on 1-29, 1951, and that death occurred at 2:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thos E. Fallick M.D.				23b. ADDRESS N. So. E. Mo.		23c. DATE SIGNED 2-1-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 2, 1951		24c. NAME OF CEMETERY OR CREMATORY THOMPSON BUSTER		24d. LOCATION (City, town, or county) (State) R. I. BONNE TERRE Mo			
DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE Marie Larrick		25. FUNERAL DIRECTOR'S SIGNATURE Benham		ADDRESS And Co. Bonne Terre Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-8-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clarence J. Raywell

Signed.....

Student Embalmer

Licensed Embalmer No. *3766*

P. O. Address _____

Barnes Ave Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.